

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

CARMEN MARIA WEST,

Plaintiff,

-against-

HUMAN RESOURCES ADMINISTRATION  
DEPARTMENT OF SOCIAL  
SERVICES/DEPARTMENT OF HOMELESS  
SERVICES,

Defendant.

24-CV-3427 (LTS)

ORDER DIRECTING ORIGINAL  
SIGNATURE

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff brings this action *pro se*. Plaintiff submitted the application to proceed without prepayment of fees (IFP application) without a signature. Rule 11(a) of the Federal Rules of Civil Procedure provides that “[e]very pleading, written motion, and other paper must be signed by at least one attorney of record in the attorney’s name – or by a party personally if the party is unrepresented.” *See also* Local Civil Rule 11.1(a). The Supreme Court has interpreted Rule 11(a) to require “as it did in John Hancock’s day, a name handwritten (or a mark handplaced).” *Becker v. Montgomery*, 532 U.S. 757, 764 (2001).

Plaintiff is directed to resubmit the signature page of the IFP application with an original signature to the Court within thirty days of the date of this order. A copy of the signature page is attached to this order.

No summons shall issue at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk’s Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: May 6, 2024  
New York, New York

/s/ Laura Taylor Swain  
\_\_\_\_\_  
LAURA TAYLOR SWAIN  
Chief United States District Judge

- |   |   |  |
|---|---|--|
| (c) Pension, annuity, or life insurance payments  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| (g) Any other sources   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

**Pension \$2200 monthly**

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?  
**\$15.00**
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:  
**Residential property single home (Lien) Automobile (Lien)**
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:  
**Mortgage, Utilities, Car Loan, Credit Cards and daily living expenses totals are approximately \$7200 monthly**
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

**05/02/2024**

Dated

**West, Carmen, M**

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

2159 Everleigh Drive, Marietta GA 30064

Address

City

State

Zip Code

**917-524-5665**

**charms\_911@yahoo.com**

Telephone Number

E-mail Address (if available)